



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov

## BIB DATA SHEET

CONFIRMATION NO. 5616

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
10/551,783	07/07/2006	514	1625	06275-474US1 101016-1P US
<b>RULE</b>				
<b>APPLICANTS</b> Roger Bonnert, Leicestershire, UNITED KINGDOM; Stephen Brough, Leicestershire, UNITED KINGDOM; Andrew Davies, Leicestershire, UNITED KINGDOM; Timothy Luker, Leicestershire, UNITED KINGDOM; Thomas McNally, Leicestershire, UNITED KINGDOM; Ian Millichip, Leicestershire, UNITED KINGDOM; Garry Pairaudeau, Leicestershire, UNITED KINGDOM; Anil Patel, Leicestershire, UNITED KINGDOM; Rukhsana Rasul, Leicestershire, UNITED KINGDOM; Stephen Thom, Leicestershire, UNITED KINGDOM;				
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/SE04/00535 04/06/2004				
<b>** FOREIGN APPLICATIONS *****</b> SWEDEN 0301010-5 04/07/2003				
<b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 08/16/2006				
Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Verified and Acknowledged <u>/D M SEAMAN/</u> Examiner's Signature	<input type="checkbox"/> Met after Allowance <u>Initials</u>	<b>STATE OR COUNTRY</b> UNITED KINGDOM	<b>SHEETS DRAWINGS</b> 0	<b>TOTAL CLAIMS</b> 19
<b>INDEPENDENT CLAIMS</b> 1				
<b>ADDRESS</b> FISH & RICHARDSON P.C. P.O BOX 1022 MINNEAPOLIS, MN 55440-1022 UNITED STATES				
<b>TITLE</b> Novel compounds				
<b>FILING FEE RECEIVED</b> 1280	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	